November 26, 2003

PTO/SB/05 (06-03)
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	Attorney Docket No. 20402-00639-US2								
UTILITY	First In	oventor Kinya Hasegawa							
PATENT APPLICATION TRANSMITTAL	Title	APPAR	ATUS A	AND A	METH	OD	BLOOD MEASURING OF NONINVASIVELY LOOD PRESSURE		
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.								
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification [Total Pages 64 (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention		a.	Compute an opplicable, Compute pecification i. Statem	er Progra Id/or Ami Id/or	m (Appe no Acid S ssary) dable For nce Listi M or CD-l	ndix) Sequenting of R (2 intity	ence Submission :RF)		
Brief Summary of the Invention Brief Description of the Drawings (if filed)	ŀ	9.							
betailed Description - Claim(s) - Abstract of the Disdosure 4. X Drawing(s) (35 U.S.C. 113) [Total Sheets 1] 5. Oath or Declaration [Total Sheets 2] a. Newly executed (original or copy) b. X Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. X Application Data Sheet. See 37 CFR 1.76	'	9.	37 CFR 3 (when the English 1) Informati Statemer Preliminal Return R (Should it Certified (if foreign Nonpubli	3.73(b) Sere is an Franslatic on Discloint (IDS)/Frany Amen eceipt Probe specific Copy of priority is cication Relations.	statement assigner on Docum osure PTO-144 idment ostcard (fically iter Priority E daimed) equest un	t e) nent 9 MPE nizec Docui	d)		
18. If a CONTINUING APPLICATION, check appropriate box, a following the title, or in an Application Data Sheet under 37 CFR Continuation X Divisional Continuation	1.76:		ite inform or applica			n the	first sentence of the specification 10/057,910		
Prior application information: Examiner R. N	lasser			Art Unit.			3736		
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
19. COR	RESPO	NDENCE	ADDRE	SS					
X Customer Number:	3	0678			OR]	Correspondence address below		
Name -									
Address									
City State	9				Zip Cod	е			
Country Tele	phone				F	ax			
Name (Print/Type) Morris_Liss		Regis	tration No	. (Attorn	e y/Ageni)	24,510		

Signature

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FEE TO A NOMITTAL		Complete if Known							
FEE TRANSMITTAL			cation	Numbe	er	Not Yet Assigned			
for FY 2004		Filing Date				Concurrently Herewith			
		First Named Inventor				Kinya Has	segawa		
Effective 10/01/2003, Patent fees are subject to annual revision.		Examiner Name				Not Yet A	ssigned		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit			N/A			
TOTAL AMOUNT OF PAYMENT (\$) 770.00		Attorney Docket No. 20402-00639-US2				639-US2			
METHOD OF PAYMENT (check all that apply)	T			FEE	CALCUL	ATION (co	ntinued)		
Check Credit Money Other None	3. ADDITIONAL FEES								
X Depos it Account:									
Deposit 32 0485	_	e Entity		I Entity	-				
Account 22-0185 Number	Fee Code	Fe e (\$)	Fee Code	Fee Fee Description (\$)				Fee Paid	
Deposit Connelly Royal adda & Hysta LLD	1051	130	2051	65	Surcharge -	- late filing fe	e or oath		
Account Name Connolly Bove Lodge & Hutz LLP	1052	50	2052	25	Surcharge -	- late provisio	onal filing fee or cover		
The Director is authorized to: (check all that apply)					sheet.				
X Charge fee(s) indicated below X Cred it any overpayments	1053	130	1053	130	Non-English	h specification	n		
Charge any additional fee(s) during the pendency of this application	1812	2,520	1812	2,520	_		parte reexamination	<u> </u>	
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Examiner a	publication o			
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting Examiner a	publication o	of SIR after		
FEE CALCULATION	1251	110	2251	55	Extension for	or reply within	n first month		
1. BASIC FILING FEE	1252	420	2252				second month		
Large Entity Small Entity Fee Fee Fee Fee Fee Paid	1253	950	2253			or reply within			
Code (\$) Code (\$)	1254	1,480	2254	740			n fourth month		
1001 770 2001 385 Utility filing fee 770.00	1255		2255			or reply within	n fifth month		
1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee	1401 1402	330 330	2401	165 165	Notice of Ap				
1004 770 2004 385 Reissue filing fee	1403	290	2403		-	Filing a brief in support of an appeal Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451		•	•	lic use proceeding		
SUBTOTAL (1) (\$) 770.00	1452	110	2452	55	Petition to r	evive – unav	oidable		
SUBTOTAL (1) (\$) 770.00	1453	1,330	2453	665	Petition to r	evive - uninte	entional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue	fee (or reissu	ne)	<u></u>	
Extra Fee from Claims below Fee Paid	1502	480	2502		Design issu	e fee			
Total Claims 10 -20** = x = 0.00	1503	640	2503		Plant issue			ļ	
Claims 2 -3** = x = 0.00	1460	130	1460	130		the Commiss			
Multiple Dependent	1807	50	1807	50		fee under 37			
Large Entity Small Entity Fee	1806	180	1806	180			on Disclosure Stmt ssignment per	<u></u>	
Code (\$) Code (\$)	8021	40	8021	40	property (tin	nes number o	of properties)	ļ	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	(37 CFR 1.1		final rejection		
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385		For each additional invention to be			
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385		37CFR 1.129 r Continued E	(b)) xamination (RCE)		
over original patent	1802	900	1802	900		expedited ex	xam ination		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Other	fee (spe	ı cify)		of a design	application		-	
SUBTOTAL (2) (\$) 0.00				iling Fee	Paid	SUBTO	TAL (3) (\$)	0.00	
**or number previously paid, if greater; For Reissues, see above				-					
SUBMITTED BY						(Complete	(if applicable))		
Name (Print/Type) Morris Liss		ration No ey/Agent)		1,510		Telephone	(202) 331-7111		
Signature Thor B. Nielsen	Re	. NO	. 4	55	28	Date	November 26,	2003	